Revised Report for 12th January 2011 South (Inner) Area Committee

Pages 1 – 6: Agenda item 9 – Revised report in relation to South East Health and Wellbeing Programme

This page is intentionally left blank

Originator: Bash Uppal
Tel: 2475685 / 3952846
Mob: 07891 273845

Report of the Health & Wellbeing Improvement Manager – South East

South (Inner) Area Committee

Date: 12th January 2011

Subject: South East Health and Wellbeing Programme

Electoral Wards Affected:	**Specific Implications For:**	
Beeston and Holbeck	Equality and Diversity	
City and Hunslet	Community Cohesion	
Middleton Park	Narrowing the Gap	√
√ Ward Members consulted (referred to in report)		

Council Function	√	Delegated Executive Function available for Call In		Delegated Executive Function not available for Call In Details set out in the report	

Executive Summary

New local partnership arrangements for health and wellbeing were established by Healthy Leeds in 2009 following extensive consultation which proposed the need to focus service delivery at a more local level. The development up of the three local health and wellbeing partnerships complements existing themed partnerships. These are based on area committee boundaries and supported by health and wellbeing improvement managers joint funded by the Council and Leeds PCT.

More recently following political changes at a national level further guidance and papers have been issued in 2010 that recommend abolishing Primary Care Trusts and moving accountability for the delivery of public health to Local Authorities supported by jointly appointed Directors of Public Health. Ian Cameron took up this position in Leeds as from November this year.

1.0 Purpose of This Report

1.1 This paper outlines the significant changes taking place locally following the publishing of recent government white paper and guidance which highlights implications for the work of the local area partnerships. This paper also provides members with a brief summary update on the work of the south east health and wellbeing partnership, the key health inequality challenges and work taking place to address this by officers, member champions and services.

2.0 Background Information

2.1 Michael Marmot published his review paper 'fair society, health lives' in 2009 with a focus on reducing health inequalities through addressing wider social determinants of health. He put together six policy objectives as outlined that have been built on by the government in their subsequent white papers – details of which are outlined below.

2.2 Reducing health inequalities will require action on six policy objectives:

- Give every child the best start in life;
- Enable all children young people and adults to maximise their capabilities and have control over their lives;
- Create fair employment and good work for all;
- Ensure healthy standard of living for all;
- Create and develop healthy and sustainable places and communities;
- Strengthen the role and impact of ill health prevention.

2.3 He also stated to deliver these policy objectives would require action by central and local government, the NHS, the third and private sectors and community groups. National policies will not work without effective local delivery systems focused on health equity in all policies. Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.

3.0 Equity and Excellence: Liberating the NHS The Governments White Paper for the future of the NHS (July 2010)

3.1 The NHS White Paper, *Equity and excellence: Liberating the NHS*, sets out the Government's long-term vision for the future of the NHS. The vision builds on the core values and principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how we will:

- put patients at the heart of everything the NHS does;
- focus on continuously improving those things that really matter to patients – the outcome of their healthcare;
- empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services.

Some of those changes may include:

- strengthening public and patient involvement through a new Health Watch;
- improving integrated working between health and social care;
- strengthening partnership arrangements through the development of a statutory health and wellbeing board - the role of which may include some functions currently offered by our scrutiny board and will develop the role of elected members in health and wellbeing;
- moving health improvement functions to the local authority with ring fenced funds;
- joint appointment of a Director of Public Health within the local authority;
- closure of Primary Care Trusts by 2013;
- development of GP commissioning consortia.

3.2 In Leeds, Dr Ian Cameron has been appointed as Joint Director of Public Health for Leeds City Council and NHS Leeds. He started in his role on 1st November 2010. Our local partnerships for health and wellbeing have had GP involvement, through practice based commissioning groups, since they started meeting in October 2009

and they will continue to develop this. They also have councillor involvement through the elected member health champions. Healthy Leeds Partnership is facilitating the process to make our partnership arrangements statutory so that it will make health and wellbeing even more of an important priority for everyone in the city.

3.3 **Public Health White Paper *Healthy Lives, Healthy people*** published in 2010 reinforced much of what was outlined in the July white paper summarised as follows:

What the White Paper says…about the role of local government in public health

- Local government will be given responsibility, backed by a ring-fenced budget, for improving people's health and tackling health inequalities.
- Existing functions in local government that contribute to public health will continue to be funded through the local government grant.
- Moving public health functions to local government will enable joint approaches to be taken with other areas of their work such as housing, the environment, transport, planning, children's services, social care, environmental health and leisure.
- Local government will have substantial freedoms, under the 'general power of competence' to decide what action is needed to tackle local public health needs.
- These freedoms will mean local government can involve new partners to take innovative approaches, for example, contracting for services with a wider range of providers across the public, private and voluntary sectors or grant-funding local communities to take ownership of some preventative activities.

What the White Paper says…about funding for public health

- A separate consultation document will be published shortly after the White Paper on the details of the proposed scope, funding and commissioning responsibilities for Public Health England.
- The new system will be funded by a new public health budget, which will be separated within the overall Depart of Health budget.
- Public Health England will allocate ring-fenced budgets, weighted for inequalities, to upper tier and unitary authorities in local government. This budget will fund both improving population health and non-discretionary services such as open access sexual health services and certain immunisations. As a ring-fenced grant, this budget will carry limited conditions about how it is to be used.
- A new health premium will be used to reward progress made on public health outcomes locally, taking into account health inequalities.
- Shadow allocations will be made to Local Authorities for 2012-13, to allow for planning before the allocations go live in 2013-14.

What the White Paper says…about commissioning public health services

More detail will be set out in the consultation document. However, there will be three principal routes for Public Health England funding services:

- Granting the public health ring-fenced budget to local government
- Asking the NHS Commissioning Board to commission services on its behalf, such as screening services and the relevant elements of the GP contract
- Commissioning or providing services directly, for example, national purchasing of vaccines, national communication campaigns or health protection functions.

These are not exclusive – for example, there may be an option of asking GP consortia to commission on behalf of Public Health England. It is proposed Public Health England should be responsible for funding and ensuring the provision of services including drugs treatment, sexual health, immunisation, health protection, alcohol

prevention services, emergency preparedness, obesity, nutrition, health checks, screening, child health promotion services, including school nursing and health visiting, and some elements of the GP contract including immunisation, contraception and dental public health.

3.4 Key Timescales:

- April 2011 – Shadow Health and Wellbeing Boards in place.
- Summer 2011 – White paper long term care and adult social care funding.
- By April 2012 – Joint Directors of Public Health – GP Commissioning Consortia in place , shadow budgets allocated. All NHS provider services achieve Foundation status.
- By April 2013. GP commissioning consortia fully operational – final steps to disestablish Primary Care Trusts.

4.0 South East Health and Wellbeing Partnership

4.1 The partnership has now been in place for just over a year providing a local strategic network, ensuring that partnerships between Local Authority, NHS Leeds and Practice Based Commissioners are maintained and strengthened, as well as ensuring that plans are clearly aligned. To prioritise our work the partnership used data and evidence from the Director of Pubic Health report, joint strategic needs assessment and the neighbourhood index area profiles to identify key challenges.

4.2 The key challenges for Inner South 10% middle super output areas showed lower life expectancy; increased levels of COPD (poor lung health); high levels of alcohol related hospital admissions; high levels of smoking related deaths; teenage pregnancy; low education attainment and higher than average unemployment. With this in mind local activity to address this has been the key focus under four overarching priorities.

4.3 Four overarching priorities from the area locality based health and wellbeing programme were identified to address key health inequality challenges. These priorities apply across all three area partnerships:

- Ensure commissioned services and local service delivery better meets needs of communities living in deprived neighbourhoods;
- Ensure translation of citywide priorities into actions at a local level;
- Reduce health inequalities gap between deprived communities and the rest of Leeds through strengthening partnerships, building health capacity and maximising resources;
- Improved communication channels and community engagement through locality partnership arrangements.

4.4 The focus for South has been to improve communications and understanding through providing all partners with a shared overview of local service delivery through mapping and providing details via a web based package; developing robust local intelligence gathering mechanisms building on existing programmes by developing a citizens panel survey on health and wellbeing and strengthening links with local voluntary and community networks and groups; improving take up of preventative services and referral processes to make it easier for residents and advocates such as GPs, elected members to use one checklist (multi agency referral scheme) for a range of support from benefits advice, affordable warmth schemes, telecare, telehealth and care rings (fall risk prevention products which support older and disabled people to live independently within their homes) based on learning and best practice from other cities ‘first contact’ model.

4.5 Work is also underway to improve referral pathways from GP practices to locally delivered healthy living services (smoking, alcohol, weight management). Initially this will be linked to the NHS vascular health check programme. Having a shared overview of local services and activities; assessing the effectiveness of the interventions (university supporting this element) and then developing tools for measuring impact and tracking individual outcomes and impacts, are some of the key work packages. This work will support partnerships to make measured recommendations for future commissioning and decommissioning of service delivery.

4.6 The local area delivery plan this past year provides members and lead health champions with an opportunity to engage in planned programmes that support communities to access preventative services such as take up of assistive technologies; raise awareness of process to access affordable warmth schemes; promote take up of cardio vascular health checks (which all 40 – 74 year olds with no existing medical history are being invited to undertake) and engage with reviewing of commissioned services from the voluntary and community sector.

4.7 The local lead health champion is also engaged in work with schools to address child poverty and obesity through increasing take up of free school meals, where currently only 30% eligible are not accessing; reducing teenage pregnancy issues through reviewing curriculum to ensure sexual health and healthy lifestyles (implications of smoking, alcohol etc) are still included.

5.0 Implications For Council Policy and Governance

5.1 The work of the health and wellbeing partnership corresponds with the recently published White Paper published by the Department of Health "Equity and Excellence: Liberating the NHS" and the move towards localism. There is a greater emphasis on delivering services around local needs, especially for those that have the greatest health and wellbeing inequalities. There will be a new public health function in the council and there is a challenge to ensure that health becomes everyone's business.

6.0 Legal and Resource Implications

6.1 None.

7.0 Recommendations

7.1 Members note work of the local health and wellbeing partnership
7.2 Members note changes taking place as a result of recent national policy drivers and implications for local authorities.

8.0 Background Papers

8.1 None.

This page is intentionally left blank